

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 266-5511

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### ARCHITECT SECTION

#### INSTRUCTION PACKET TO REGISTER FOR ARCHITECT EXAMINATION

#### I. FILING ELIGIBILITY APPLICATION WITH DEPARTMENT OF REGULATION AND LICENSING:

All NEW (first time applying in Wisconsin) applicants applying for the architect examination must submit the following to the Department of Regulation and Licensing to determine eligibility to sit for the architect exam:

- a) Request To Apply for Architect Examination (Form #1948).
- b) Official transcripts showing courses taken and degrees received (**unofficial copies of transcripts are not acceptable**).
- c) Experience Record (Form #463).
- d) Equivalent Intern Development Program Record of Experience (Form #1947) or NCARB IDP Periodic Assessment Report.
- e) \$68 (\$53 initial credential fee and \$15 contract administration fee). Please include a check or money order made payable to: Department of Regulation and Licensing.

Completed eligibility application materials must be mailed to the Department at the address listed above. Eligibility applications hand delivered or mailed by special courier must be delivered to the Department's street address: 1400 East Washington Avenue, Room 173, Madison, WI 53703.

**Retake applicants who have previously taken the examinations in Wisconsin are not required to resubmit this information to the Department of Regulation and Licensing prior to examination registration.**

#### II. REQUIREMENTS:

**Work Experience** - Effective January 1, 1993, to be eligible to take a scheduled examination, an applicant shall have 6 years of qualifying architectural work experience or a combination of academic credit and architectural work experience which totals 6 years. Please refer to sec. A-E 3.05(2), Wis. Admin. Code.

**An Experience Record** (Form #463) must be completed to verify that you have received at least 6 years of qualifying architectural experience and/or education. Please refer to sec. A-E 3.03(1), Wis. Admin. Code.

# Wisconsin Department of Regulation & Licensing

**Official transcripts** showing courses taken and degrees received are required. Transcripts must be sent by the college or university to you. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). **Unofficial copies of transcripts are not acceptable.** Please refer to sec. A-E 3.03(1), Wis. Admin. Code. You must send the transcript in the sealed envelope to the Architect Section with this application.

**Education as an experience equivalent** for registration as an architect is defined in sec. A-E 3.04(3), Wis. Admin. Code. No more than the maximum experience equivalent will be given for education received.

**Credit for Experience** - Not more than one year of credit for satisfactory experience in architectural work may be granted for any calendar year as stated in sec. A-E 3.03(4), Wis. Admin. Code. **Credit will not be given for education and work experience received during the same time period.**

**Intern Development Program** - Effective January 1, 1993, all applicants applying for the examination must complete the Intern Development Program using the section's Equivalent Intern Development Program Record of Experience (Form #1947) or NCARB's IDP Periodic Assessment Report. **Applicants using the section's Equivalent Intern Development Program Record of Experience (Form #1947) should complete a separate report for each place of employment.** Each report must be signed by the intern, and the intern's supervisor. All forms should be retained by the applicant until you are ready to apply to take the examination. If you have registered through NCARB, please request that NCARB forward your IDP Periodic Assessment Report to the Architect Section. Please refer to sec. A-E 3.03(1), Wis. Admin. Code. A minimum of 1 year of qualifying architectural work experience **AND** 1,860 hours of the required 3,720 hours of training experience must be documented at the time the application is submitted for the examination.

### III. CHANGE OF NAME OR ADDRESS:

Any applicant scheduled for the examination who changes his or her name or address should notify the Department of Regulation and Licensing within 30 days of the name change.

NCARB's consultant, The Chauncey Group International will send qualified applicants information regarding testing, fees, practice software and exam locations after the Architect Section has determined your eligibility to sit for the exam. Computer testing will be available on a first-come, first-serve basis.

### IV. WISCONSIN STATUTES AND ADMINISTRATIVE CODE:

A copy of the Wisconsin Statutes and Administrative Code relating to the practice of real estate is available on the web at <http://drl.wi.gov> or at most public libraries. If you wish to purchase a copy, you may purchase a hard print copy from Document Sales, Department of Administration. Information for ordering a codebook may be found at <http://drl.wi.gov/includes/catalog.htm>, by calling Document Sales at 800-362-7253 or 608-264-9419 or by email at [docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us).

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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### ARCHITECT SECTION

#### REQUEST TO APPLY FOR ARCHITECT EXAMINATION

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**PLEASE TYPE OR PRINT IN INK**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Former Name(s) - If Applicable: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (days): (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

**Race:** \_\_\_\_\_ (1) White, not of Hispanic origin \_\_\_\_\_ (4) American Indian or Alaskan  
\_\_\_\_\_ (2) Black, not of Hispanic origin \_\_\_\_\_ (5) Asian or Pacific Islander  
(Check one) \_\_\_\_\_ (3) Hispanic \_\_\_\_\_ (6) Other

**Sex:** \_\_\_\_\_ M \_\_\_\_\_ F

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**Intern Development Program:** Place an "X" in ONE space only indicating how you qualify.

\_\_\_\_\_ NCARB IDP Periodic Assessment Report

\_\_\_\_\_ Equivalent Intern Development Program Record of Experience (Form #1947).

**FOR BOARD  
APPROVAL ONLY**

BY \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

**EDUCATION:** (Official Transcripts Required)

<u>Colleges</u> <u>Attended</u>	<u>Degree</u> <u>Received</u>	<u>Date of</u> <u>Graduation</u>	<u>Major</u>
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**For Receipting Use Only**

**APPLICATION FEE:** Please make check payable to Department of Regulation and Licensing and attach to application.

\$ 68.00 fee

#1948 (Rev. 10/04)  
Ch. 443, Stats.

**-OVER-**

Committed to Equal Opportunity in Employment and Licensing

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# Wisconsin Department of Regulation & Licensing

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## **STATEMENT OF ARREST OR CONVICTION:** (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

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I understand that eligibility for examination does not imply eligibility for licensure and that upon successful completion of the examination, additional information will be requested by the Architects Section of the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors to satisfy requirements outlined in ch. 443, Stats. and sec. A-E 3, Wis. Admin. Code.

Under the penalties of perjury, I declare the information contained in this application is true to the best of my knowledge and belief.

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Signature of Applicant

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Date

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

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First Name	Middle Initial	Last Name
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Profession

Date of Birth      

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month      day      year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

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Website: http://drl.wi.gov

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month      day      year	Social Security Number _____ Information helps us identify your record, but is voluntary. It is not available to the public.
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Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: \_\_\_\_\_
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

OFFENSE	DATE	CITY/STATE
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Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? **YES** **NO** **MO/YR COMPLETED**  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: ☐ Probation **YES** **NO** **MO/YR COMPLETED**  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

**PENDING CHARGE** **DATE OF ARREST** **LOCATION OF ARREST (city/state)**

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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

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## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

\_\_\_\_\_  
Signature Date

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public Date

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**



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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### EXPERIENCE RECORD

Type or print your name:	Type of license you are applying for:	Date:
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Engagement	Date	Title of Position, and Extent of Experience and Responsibility. Make statement concise. Designate each engagement by a separate number. [Include enough detail such that a peer may judge the character of your work. Include magnitude and complexity of work on each engagement including your duties and degree of responsibility.] University, college or technical school shall be engagement 1. Your first employment shall be engagement 2, with subsequent experience in chronological order. Your current engagement should be your <b>last</b> entry. Any necessary amplification may be made on a separate sheet. You may create your own document in Word Processing as long as you follow the format of this form.	Name, Title and Address of an individual (not deceased) familiar with each engagement, preferably the person to whom applicant reported.
#1 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____		
#2 <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime _____ hrs/week	FROM Mo/Yr _____ TO Mo/Yr _____ TOTAL Yr/Mo _____	Title: _____	

# Wisconsin Department of Regulation & Licensing

<div>#3</div> <div><input type="checkbox"/> Fulltime</div> <div><input type="checkbox"/> Parttime</div> <div>_____ hrs/week</div>	<div>FROM</div> <div>Mo/Yr</div> <div>_____</div> <div>TO</div> <div>Mo/Yr</div> <div>_____</div> <div>TOTAL</div> <div>Yr/Mo</div> <div>_____</div>	<div>Title: _____</div>	
<div>#4</div> <div><input type="checkbox"/> Fulltime</div> <div><input type="checkbox"/> Parttime</div> <div>_____ hrs/week</div>	<div>FROM</div> <div>Mo/Yr</div> <div>_____</div> <div>TO</div> <div>Mo/Yr</div> <div>_____</div> <div>TOTAL</div> <div>Yr/Mo</div> <div>_____</div>	<div>Title: _____</div>	
<div>#5</div> <div><input type="checkbox"/> Fulltime</div> <div><input type="checkbox"/> Parttime</div> <div>_____ hrs/week</div>	<div>FROM</div> <div>Mo/Yr</div> <div>_____</div> <div>TO</div> <div>Mo/Yr</div> <div>_____</div> <div>TOTAL</div> <div>Yr/Mo</div> <div>_____</div>	<div>Title: _____</div>	

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## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS & LAND SURVEYORS

### ARCHITECTS SECTION

#### INSTRUCTION CRITERIA FOR COMPLETION OF EQUIVALENT INTERN DEVELOPMENT PROGRAM RECORD OF EXPERIENCE (Form #1947)

The Equivalent Intern Development Program Record of Experience (Form #1947) must be completed and returned to the Architects Section when you are fulfilling requirements to become eligible for the architect examination or for a credential (license) as an architect. The report must be signed by the intern, and the supervisor and should show the number of hours the intern has acquired. The Architects Section suggests interns add to this record every 3 months. It is expected that the intern will start an IDP record after graduation and maintain this record until the time an application is submitted for a credential (license).

The intern should show only one employer for each time period reported. Hours from two employers for two different time periods CANNOT be verified on the same report.

The column labeled Hrs. Accrued This Period should contain the hours for the time period specified at the top of the report. The column labeled Previous Hrs. Accrued should contain the number of hours from previous report forms. Add the numbers in the first and second column to obtain the hours for the column labeled Total Hrs. To Date.

Category A, B and C each requires elective hours. When you have exceeded the minimum number of hours for each criteria, you may indicate these hours under the appropriate criteria or the additional hours obtained may be listed under "elective hours".

Interns qualifying for the architectural examination or for a credential (license) as an architect by using the NCARB IDP Periodic Assessment Report instead of the Equivalent Intern Development Program Record of Experience (Form #1947) must have NCARB submit their record to the board office. Copies of reports submitted by the intern to NCARB are not acceptable.

A supervisor is a registered architect who has direct knowledge of your work experience. A supervisor can only verify hours worked while in his/her employ. A supervisor CANNOT verify hours from previous employers.

It is the sole responsibility of the intern to maintain an up-to-date IDP Record of Experience in a format acceptable to the Architects Section of the Wisconsin Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors. An equivalent IDP Record of Experience of NCARB IDP Periodic Assessment Report is required by A-E 3, Wis. Admin. Code to become credentialed (licensed) in Wisconsin and is one of several requirements for the architect examination or fulfilling requirements for a credential (license) contained in state statutes and administrative code. For a complete copy of the Wisconsin Statutes and Administrative Code Relating to Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors, please contact the board office.

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### ARCHITECT SECTION

#### EQUIVALENT INTERN DEVELOPMENT PROGRAM RECORD OF EXPERIENCE

#### PLEASE TYPE OR PRINT IN INK

Intern Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (Days) \_\_\_\_\_

This report covers the time period from \_\_\_\_\_ to \_\_\_\_\_ corresponding to engagement #\_\_\_\_\_ on the Experience Record (Form #463) and reflects the number of hours of experience gained during this time period in each of the criteria shown below. This report must be completed, signed, and returned to the Architects Section when you have fulfilled all requirements for credential (license) or applying for the architect examination.

**The intern should show only one employer for each time period reported. Hours from two employers for two different time periods cannot be verified on the same report.**

#### CATEGORY A: Design and Construction Documents

<u>Criteria</u>	<u>Minimum No. Hrs. Required</u>	<u>Hrs. Accrued This Period</u>	<u>Previous Hrs. Accrued</u>	<u>Total Hrs. To Date</u>
1. Programming-Client Contact	80	_____	_____	_____
2. Site & Environment Analysis	80	_____	_____	_____
3. Schematic Design	120	_____	_____	_____
4. Building Cost Analysis	80	_____	_____	_____
5. Code Research	120	_____	_____	_____
6. Design Development	320	_____	_____	_____
7. Construction Documents	1,160	_____	_____	_____
8. Specifications and Materials Research	120	_____	_____	_____
9. Documents Checking and Coordination	120	_____	_____	_____
10. Elective Hours Req'd	600	_____	_____	_____
Minimum Total Hours. Req'd	2,800	_____	_____	_____

# Wisconsin Department of Regulation & Licensing

## CATEGORY B: Construction Administration

<u>Criteria</u>	<u>Minimum No. Hrs. Required</u>	<u>Hrs. Accrued This Period</u>	<u>Previous Hrs. Accrued</u>	<u>Total Hrs. To Date</u>
11. Bidding & Contract Negotiation	80	_____	_____	_____
12. Construction Phase-Office	120	_____	_____	_____
13. Construction Phase-Observation	120	_____	_____	_____
14. Elective Hours Req'd	<u>240</u>	_____	_____	_____
Minimum Total Hrs. Req'd	560	_____	_____	_____

## CATEGORY C: Management

<u>Criteria</u>	<u>Minimum No. Hrs. Required</u>	<u>Hrs. Accrued This Period</u>	<u>Previous Hrs. Accrued</u>	<u>Total Hrs. To Date</u>
15. Project Management	120	_____	_____	_____
16. Office Management	80	_____	_____	_____
17. Elective Hours Req'd	<u>80</u>	_____	_____	_____
Minimum Total Hrs. Req'd	280	_____	_____	_____

## CATEGORY D: Related Activities

<u>Criteria</u>	<u>Minimum No. Hrs. Required</u>	<u>Hrs. Accrued This Period</u>	<u>Previous Hrs. Accrued</u>	<u>Total Hrs. To Date</u>
18. Professional and Community Services	<u>80</u>	_____	_____	_____
Minimum Total Hrs. Req'd	80	_____	_____	_____
<b>TOTAL HRS. ACQUIRED</b>		_____	_____	_____

This listing of required minimums in Categories A, B, C, and D totals 3,720 hours. Minimum hourly requirements must be met for each criterion.

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I state that the hours reported for this time period are accurate.

Intern Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_  
(print or type name)

Verified by Supervisor's Signature \_\_\_\_\_

Supervisor's License Number \_\_\_\_\_ Date Signed \_\_\_\_\_

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## NOTICES

### TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### MAILING ADDRESS AND CHANGE OF ADDRESS

*Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.*

### PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code

***Committed to Equal Opportunity in Employment and Licensing***